See Instructions and *Privacy Flatence Grant & See Instructions and *Privacy Flatence Grant & State Side TRAVEL EXPENSE CLAIM Traveler ID Unit Code STD:/262/(REV10/92) STAFF									Page		of	Pages		
CLAIMANTISWAME Fiscal Year 2008TEC1801 Karen Baker 2008-2009									DEPARTMENT OPR			(V)AST		
Secretary of Volunteering and 2001-10			CB/ID NO.: EXEMPT			California Volunteers						PCA # 11100	71110	
RESIDENCE ADDRESS*						1110 K Street Suite 210						TELEPHONE NUMBER 916-323-7646		
CITY STATE CA					ZIP CODE		CITY Sacramento					STATE CA	ZIP CODE 95814	
) MONTH/YEAR	- 100 1 40	1	(4)	(5)	MEALS	Joac	(6)	(7)	TRA	NSPORTA	TION		(8)	(9)
eb 2010	LOCATION WHERE EXPENSES WERE INCURRED			BREAK-		O.T.,L/T, N/C, RELO. OR DINNER	1	(A) COST OF TRANS.	(B)	(C) CARFARE, TOLLS,	PRIVAT	(D) E CAR USE	BUSINESS EXPENSE	TOTAL EXPENSE
DATE TIME	digercons		ODGING	FAST	LUNCH	OR DINNER	TALS	I RANS.	TYPE	PARKING	MILES	\$0.00	EXPENSE	FOR DAY \$0.00
2/23 0530	See/Orange Count	.,	· · · · · · · · · · · · · · · · · · ·							\$9.00	36	\$18.00	-	\$27.00
1530	Sac/Orange Count	У								φ9.00	30			
												\$0.00		\$0.00
A consistence of the constant	gestern :											\$0.00	<u> </u>	\$0.00
.201												\$0.00		\$0.00
									Ŗ			\$0.00		\$0.00
							one Torrest	Mark Top Commission of the Com		Franch Columns		\$0.00		\$0.00
							MAR 1	0 2010				\$0.00		\$0.00
.]						· offic	io alan	VIII A R TREE		A COLUMN		\$0.00		\$0.00
							6.0910 10 A	ive ornyic	t.S			\$0.00		\$0.00
			ì									\$0.00		\$0.00
												\$0.00		\$0.00
												\$0.00		\$0
) SUBT	OTALS	1								\$9.00	\$36	18	j	\$27.00
CO	Lumn code (acctg. u	SE ONLY)												
	·	 .		÷						CLAIM	TOTAL	\$	\$	\$27.00
I1) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Spoke at State Library "Get Involved" Institute.										(43) NUBWEL WINDER HULLES				
									(13) P	RIVATE VEH	ICLE LICENS 4ybd2			
									-		(14) أ	MILEAGE RA		50
]									AGE	CY ACC US≢	JUNTING ONLY	TING OFFICE		
			_				····		-				FUND CHEC	- 1
EREBY CERTIFY	That the above is a true statemen	t of the travel	expenses i	ncurred by m	e in accordan	ce with DPA r	ules in the ser	rvice of the Stat	e of Ca	ilifornia. If	<u>.</u>		φυ.	20
med and that I ha	cle was used, and if mileage rates ave met the requirements as presc	cibed by SAM	nimum rate	e, i certify that 750, 0751, 01	ine costolo 752 0753 an	perating the ve	enicie was eq	ual to or greater	tnan t	ne rate				1